

Filing (surcharge (37 CFR 1.16 (e))

required)

COPY OF PAPERS ORIGINALLY FILED



Please type a plus sign (+) inside this box ---> +

PTO/SB/01 (10-00) Approved for use through 10/31/2002. OMB 0651-0032 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

a valid OMB control number.

with Initial

Filing



			Attorney Docket Nu	ımper	JOSU1159	<u>-148B</u>	
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) Declaration	First Named Inventor		Rizzoni et	al.			
	COMPLETE IF KNOWN						
			Application Number		10 / 0	92,031	
-	_		Filing Date	Маг	ch 5, 2002		
PATENT APPLICATION (37 CFR 1.63) Declaration Declaration		Group Art Unit					

Examiner Name

As a below named inventor, I hereby declare that:							•
My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							ntor (if plural titled:
ENGINE CONTROL USING TORQUE ESTIMATION							
the specification of which		(Titl	e of the Invention	1)			
is attached hereto							
OR was filed on (MM/DI	0/4444) 03	/05/2002		as United	States Applicat	ion Number or P	CT International
Application Number 10/09	92,031	and wa	as amended on (MM/DD/YY	'YY)	•	(if applicable).
I hereby state that I have re- amended by any amendmen	viewed and u	inderstand the conferred to abo	contents of the a	bove identi	fied specification	n, including the c	claims, as
I acknowledge the duty to disclo material information which filing date of the continue	became ava	ilable between	to patentability as the filing date o	defined in 37 f the prior	CFR 1.56 includi application and	ng for continuation the national or l	-in-part applications, PCT international
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Cou	intry	Foreign Fills (MM/DD/Y		Priority Not Claimed	Certified Co	ppy Attached?
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit u	nder 35 U.S.	C. 1 19(e) of an	y United States	rovisional	application(s) lis	ted below.	
Application Number(s) Filing Date (MM/DD/YYYY)							
60/273,423 03/05/2001				numbe supple	onal provisiona ers are listed o emental priority SB/02B attache	on a y data sheet	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside the box

Appr U.S. Patent and Trader persons are required to respond to a collection of information PTO/SB/01 (10-00)
mrough 10/31/2002. OMB 0651-0032
fice; U.S. DEPARTMENT OF COMMERCE
pless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

	ust omer Nu r Ba r Code L				OR .	Correspondence address below
Name PATENT TRADEMARK OFFICE						
Address						
Address						
City				State		ZIP
Country		Telephon	9	_		Fax
I hereby declare that all statements made are believed to be true; and further that made are punishable by fine or imprison validity of the application or any patent is	these state ment, or bot	ments wer th, under 1	re made wit	th the ki	nowledge that willf	ul false statements and the like so
NAME OF SOLE OR FIRST INV	ENTOR			A petit	ion has been fil	ed for this unsigned inventor
Given Name (first and middle [if any]) Giorgio		•		Family or Suri	Name name Rizzoni	
<u> </u>	Just -					Date 8/23/02
Residence: City Upper Arlington state Ohio Country USA Citizenship Italy						
Mailing Address 1938 Concord Road						
Mailing Address						
City Upper Arlington	State OI	Н		ZIP 4	3212	Country USA
NAME OF SECOND INVENTOR:				A petit	tion has been fil	ed for this unsigned inventor
Given Name (first and middle [if any]) Yann Family Name or Surname Guezennec						
Inventor's Signature 8/8/02 Date						
Residence: Cay Columbus			State O	hio	Country USA	Citizenship France
Mailing Address 1999 Arlington Avenue						
Mailing Address						
City Columbus	State	Ohio		ZIP	43212	Country USA
Additional inventors are being named on the 1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						





Please type a plus sign (+) inside this box + + Approved for use through 10/31/2002, OMB 0851-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if an	y:		A petition has been t	filed for ti	his unsigned inventor
Given Name (first and middle [if any])		Family N	lame or S	urname
Ahmed \\ \\ \		Solin	nan		
Inventor's Signature					Date 8/22/02
Residence: City Upper Arlington	State OH		Country USA		Citizenship Egypt
Mailing Address 1834 Elmwood Aven	ue				
Mailing Address					
City Upper Arlington	State Oh	io	ZIP 43212	Count	ry USA
Name of Additional Joint Inventor, if an	y:		A petition has been fil	led for th	is unsigned inventor
Given Name (first and middle [if any])		Family N	lame or S	urname
Inventor's Signature					Date
Residence: City	State		Country		Citizenship
Mailing Address					
Mailing Address					
City	State		ZIP	Cou	intry
Name of Additional Joint Inventor, if ar			A petition has been file	ed for this	unsigned inventor
Given Name (first and middle [if any]))		Family Name or Surname		
Inventor's Signature					Date
Residence: City	State		Country		Citizenship
Mailing Address					
Mailing Address					
City	State		ZIP	c.	ountry

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



COPY OF PAPERS **ORIGINALLY FILED**



Please type a plus sign (+) inside this box-> +

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

Patent and Trademark Office- U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	10/092,031
Filing Date	03/05/2002
First Named Inventor	Giorgio Rizzoni et al.
Group Art Unit	3747
Examiner Name	
Attorney Docket Number	OSU1159-148B

I hereby appoint:	I hereby appoint:				
Practitioners at Customer Number 08698					
Practitioner(s) named below:	PATENT TRADEMARK OFFICE				
Name	Registration Number				
	 				
as my/our attorney(s) or agent(s) to prosecute the application business in the Patent and Trademark Office connected to	ation identified above, and to transact all herewith.				
business in the Fatericana Fragerian Cines comments					
Please change the correspondence address for the abov	e-identified application to:				
The above-mentioned Customer Number.					
OR					
Firm or					
Individual Name					
Address Address					
City	State ZIP				
Country					
Telephone	Fax				
I am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Giorgio Rizzoni					
Signature Charge Roman					
Date 8 (23/02					
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*					
*Total of 3 forms are submitted.					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



COPY OF PAPERS ORIGINALLY FILED

Under the Paperwork Reduction Act of 19

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0851-0035

Patent and Trademark Office- U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	10/092,031
Filing Date	03/05/2002
First Named Inventor	Giorgio Rizzoni et al.
Group Art Unit	3747
Examiner Name	
Attorney Docket Number	OSU1159-148B

		·			
I hereby appoint:		14			
Practitioners at Customer Number	08698				
OR	20070		Laber 8698		
Practitioner(s) named below:					
Name		Registra	tion Number	•	
		<u> </u>			
as my/our attorney(s) or agent(s) to pro	secute the applicati	on identified ab	ove, and to transa	ct all	
business in the Patent and Trademark	Office connected the	erewith.			
Please change the correspondence ad	dress for the above-	identified applic	cation to:		
The above-mentioned Customer Nu	ımber.				
OR					
Firm or				•	
Individual Name Address		<u></u>			
Address					
City	S	State	ZIP		
Country					
Telephone	F	ax			
I am the:				<u>-</u>	
Applicant/Inventor.					
tion to the second seco					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of	Applicant or Assigne	e of Record			
Name Yann Guezennec					
Signature					
Date 8/23/62					
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*					
*Total of 3 forms are submitted.	d, sec below.				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



COPY OF PAPERS ORIGINALLY FILED



Please type a plus sign (+) inside this box-> +

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

Patent and Trademark Office- U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	10/092,031	
Filing Date	03/05/2002	
First Named Inventor	Giorgio Rizzoni et al.	
Group Art Unit	3747	
Examiner Name		
Attorney Docket Number	OSU1159-148B	

I hereby appoint:					
Practitioners at Customer Number 08698					
OR	Later 86298				
Practitioner(s) named below:	PATENT YNADEMARK OFFICE				
Name	Registration Number				
as my/our attorney(s) or agent(s) to prosecute the applicat	tion identified above, and to transact all				
business in the Patent and Trademark Office connected th	nerewith.				
Please change the correspondence address for the above	e-identified application to:				
The above-mentioned Customer Number.					
OR					
Firm or					
Individual Name					
Address Address					
	State ZIP				
Country	oldio,				
	Fax				
I am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Ahmed Soliman					
Signature Manuar					
Date 8(22/02					
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*					
*Total of 3 forms are submitted.					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.